

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

VERNETTE WALKER,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 06-138-MPT
)	
THE NEWS JOURNAL and ANN HINES)	
)	
Defendants.)	

AFFIDAVIT OF ANN C. HINES

STATE OF DELAWARE)
) SS.
NEW CASTLE COUNTY)

ANN C. HINES, does swear and affirm as follows:

1. I am an employee and the Benefits Manager for The News Journal (“News Journal” or “Company”). As Benefits Manager, my job duties include, but are not limited to, contacting employees in writing and on the telephone about their benefits. A copy of my job description as Benefits Manager is attached. (See Exhibit A).

2. On or about Tuesday, April 27, 2004, I was informed that Vernetta Walker (“Ms. Walker”) was involved in a car accident, off company property, when she was returning from lunch. It was communicated to me that Ms. Walker would be out of work for an extended period of time.

3. On April 30, 2004, three days later, I sent Ms. Walker two (2) letters via certified mail, notifying Ms. Walker of her benefits entitlement under the Company’s Income Protection Plan (Short-term Disability benefits) and under the Company’s FMLA policy.¹ I also enclosed

¹ The FMLA policy clearly states that employees are eligible for up to 12 weeks of benefits.

copies of the aforementioned benefits plans for Ms. Walker's review. Additionally, in the FMLA letter, I enclosed a Certification of Healthcare Provider Form ("Certification Form"). Copies of the letters are attached. (See Exhibit B).

4. In my letter of April 30, 2004, I requested that Ms. Walker have her doctor complete the Certification Form and return it to me on or before May 15, 2004.

5. The FMLA and short-term disability forms are sent in the normal course of business to employees to enable the Company to obtain information regarding an employee's medical status.

6. On May 13, 2004, I sent Ms. Walker a claim for disability benefits form and requested that she have her physician complete the doctor's statement on or before May 28, 2004. A copy of the letter is attached. (See Exhibit C).

7. The Company did not receive a completed Certification Form from Ms. Walker in order to determine her eligibility for FMLA on or before May 15, 2004, as I requested.

8. The Company received a completed copy of Ms. Walker's claim for disability benefits form on or about May 19, 2004 wherein Ms. Walker's physician determined that she was "completely disabled" for an "indeterminate" period of time. Ms. Walker's doctor's note dated May 26, 2004 indicated that she would be out of work for the next four weeks and would be reevaluated at that time. Copies of Ms. Walker's claim for disability benefits form and her doctor's note are attached. (See Exhibit D). Ms. Walker was approved for short term disability ("STD") benefits.

9. As standard Company procedure, I would often update relevant managers and my supervisor, Dolores Pinto ("Ms. Pinto"), Vice President of Human Resources, on the status of employees who were on a leave of absence from work.

10. On May 5, 2004, I sent an e-mail to Shelly Rumpf ("Ms. Rumpf"), Credit Manager and Ms. Walker's direct supervisor, as well as Ms. Pinto and Erich Walburn ("Mr. Walburn"), Vice President of Finance, informing them that Ms. Walker would be out of work for the next three weeks. A copy of the email is attached. (See Exhibit E).

11. On May 28, 2004, I sent another email to Ms. Rumpf, Ms. Pinto and Mr. Walburn informing them that Ms. Walker would be out of work for an additional four (4) weeks and that her next doctor's appointment was scheduled for June 23, 2004. A copy of the email is attached. (See Exhibit F).

12. On June 1, 2004, I sent another email to Ms. Rumpf, Ms. Pinto and Mr. Walburn advising them that "Due to severe neck and back pain and muscle spasms, Vernetta is unable to sit or stand for prolonged periods." (See Exhibit G).

13. On June 23, 2004, Ms. Walker provided the Company with a doctor's note that she would be out of work until July 21, 2004. Ms. Walker's doctor's note is attached. (See Exhibit H).

14. The doctor's notes provided by Ms. Walker failed to detail the nature of the injury, the period of expected recovery or if Ms. Walker could return to work on an intermittent basis with appropriate treatment.

15. Due to Ms. Walker's failure to provide the Company with a Certification Form as requested by May 15, 2004, I sent another letter to Ms. Walker via certified mail on July 1, 2004 enclosing a copy of the Certification Form and requesting that she have her doctor complete the form and return it to me on or before July 16, 2004. (See Exhibit I).

16. Under separate cover, I sent Ms. Walker another letter dated July 1, 2004, advising her that her 12-week entitlement to FMLA benefits would end on July 20, 2004. Ms.

Walker was specifically advised, "*If you remain unable to return to work as of July 20, 2004, business necessity requires us to fill your position as Credit Clerk.*" A copy of the letter is attached. (See Exhibit J).

17. It is my normal practice to send a letter to an employee on FMLA leave to advise of the date on which their FMLA benefits will be exhausted and to inform the employee that the Company may not have an available position for them upon their return. As a courtesy, I generally contact employees prior to their receipt of this letter to advise that the Company, as applicable, has not made any decisions concerning the termination of their employment at that time, but I make no promises as to how long this will last. Similarly, I contacted Ms. Walker on or about July 1, 2004.

18. On July 15, 2004, the Company received a copy of Ms. Walker's completed Certification Form via fax. The information provided by Ms. Walker's doctor was vague and the description of her medical facts read, "*involving a motor vehicle accident on 4/27/04 injuring neck and low back.*" The form did not identify the nature of the actual injury nor did it identify the period of expected recovery and whether or not Ms. Walker could return to work on an intermittent basis. Additionally, the Company received a copy of her doctor's note dated July 14, 2004, without detail as to why she would continue to be out of work, only indicating that she would be out of work for a month and would be reevaluated on August 11, 2004. Copies of Ms. Walker's completed Certification Form and her doctor's medical note are attached. (See Exhibit K).

19. Generally, I did not initiate calls to Ms. Walker, except as described herein. However, I did return Ms. Walker's phone calls if she left a message on my voicemail. She

would generally contact me after purported doctor's appointments at which time she would indicate that she was still "disabled."

20. With respect to a phone log, I do not make a written record of every call that I dial or receive during the course of a business day. However, on occasion, I may write down information concerning a particular phone call for possible follow-up on the subject matter of the call at a later time.

21. Generally, Ms. Walker would contact me on a monthly basis to inform me that she could not return to work and that her daughter would be dropping off a doctor's note. There were some instances when Ms. Walker failed to provide a doctor's note, and I would remind her that I needed medical documentation. On one occasion, July 15, 2004, Ms. Walker contacted me and left a message on my voicemail requesting that I confirm my receipt of her medical records. In response, I contacted Ms. Walker to confirm my receipt of the Certification Form. During that conversation with Ms. Walker, I informed her that the information completed by her doctor on the Certification Form was vague and reminding her that particularly for STD purposes, we needed to know the diagnosis and the anticipated duration of recovery. I may have also told Ms. Walker on another occasion or two that her doctor's notes were vague and asked for more detail.

22. On July 20, 2004, Ms. Walker exhausted her 12 weeks of FMLA.

23. On August 12, 2004, Ms. Walker left a voicemail message for me stating that she would provide updated medical records by Tuesday, August 17, 2004.

24. By the middle of August 2004, Ms. Walker had not returned to work. In or around Tuesday, August 17, 2004, Ms. Walker provided me with copies of various medical records from her treating physicians. Also, Ms. Walker provided a doctor's note, dated August

11, 2004, which only stated that Ms. Walker would be out of work for the next four weeks and that she would be reevaluated at that time. These medical records did not identify a prognosis or a long term recovery date.

25. In an effort to gauge whether Ms. Walker could, in fact, return to work in any capacity, whether she was still eligible for STD benefits, and based upon the vagueness of the previous notes provided by Ms. Walker, the Company arranged for the Concentra Medical Center ("Concentra") to perform an independent medical examination ("IME").

26. On August 17, 2004, I verbally notified Ms. Walker of the scheduled exam at Concentra which was originally scheduled for August 20, 2004, but was subsequently changed to August 23, 2004.

27. In a letter to Dr. Linda Surdo at Concentra in advance of the IME, dated August 18, 2004, I noted that Ms. Walker's position was a "light duty" position, and that the Company could accommodate physical restrictions/limitations accordingly. I enclosed a copy of Ms. Walker's job description and medical records for Dr. Surdo's review. A copy of the letter is attached. (See Exhibit L).

28. It is my understanding that on August 23, 2004, Dr. Surdo examined Ms. Walker. Dr. Surdo determined that Ms. Walker could return to work, "full duty" without any restrictions, effective that same date, August 23, 2004. A copy of Dr. Linda Surdo's examination report received in my office on August 26, 2004 is attached. (See Exhibit M).

29. On August 24, 2004, one day after the IME, I contacted Ms. Walker and informed her of the results of the exam and the return to work date, August 23, 2004, provided by the IME doctor. In response, Ms. Walker stated that she could not return to work because she already had scheduled doctors' appointments and treatment, particularly injections. I then advised Ms.

Walker that we could accommodate physical restrictions/limitations and/or doctors' appointments, if any. She again declined to return to work due to appointments and treatment. I then informed her that she was expected to return to work the next day as we could discuss accommodations. Nevertheless, Ms. Walker did not agree to return to work, even in a limited or part-time capacity.

30. Thereafter, I advised Ms. Pinto of the results of the IME and informed her of the conversation I had previously with Ms. Walker wherein she stated that she would not be returning to work.

31. By August 30, 2004, Ms. Walker still had not returned to work, though she had been released to do so for a full week. Ms. Walker did not notify me that she was able to work and perform the essential functions of her position with or without restrictions nor did she request an accommodation for any alleged disability. Ms. Walker never requested a personal leave of absence.

32. Throughout, I made Ms. Pinto aware of Ms. Walker's failure to return to work and her failure to request an accommodation or, alternatively, her lack of a request for a leave beyond August 23, 2004. Ms. Pinto had previously informed me that the Company needed to cut costs. A first step was to not fill vacant positions. Ms. Pinto also had informed me that a decision had been made in the middle of August, prior to Ms. Walker's IME, in an effort to further reduce costs that there would be a company-wide reduction in force. Specifically, according to Ms. Pinto, in the Finance Department, a temporary clerk's position was set to be eliminated. However, after the Company became aware of Ms. Walker's failure to return to work despite being released to work full-time regular duty, the decision of which position to eliminate was reconsidered. On or about August 30, 2004, I learned that it was determined that

instead of eliminating the clerk position which was filled by an active employee, Ms. Walker's position would be eliminated.


34. Accordingly, on August 30, 2004, I advised Ms. Walker in a certified letter that due to business necessity, the Company no longer had a job available but that when she did decide to return to work, available openings would be assessed to determine whether a position for which she was qualified was available. A copy of the letter is attached. (See Exhibit N).

35. As Benefits Manager, I had no role in the decision to reduce the job force at the Company nor did I have any input in the decision to eliminate Ms. Walker's position in the Finance Department.

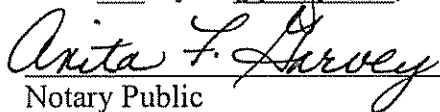
36. At no time did I harass Ms. Walker. Any telephone calls made to Ms. Walker were pursuant to my position as the Company's Benefits Manager.

37. It is my understanding that the Company considered Ms. Walker a very good employee and had wanted her to return to work.

38. To date, Ms. Walker has never contacted me or anyone else at the Company which I am aware of to discuss open positions for which she may be qualified.


Ann C. Hines, Benefits Manager

SWORN TO AND SUBSCRIBED before me this 16th day of August, 2007.


Notary Public
My Commission Expires: _____

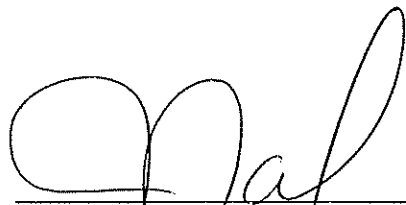
ANITA F. GARVEY
Notary Public - State of Delaware
My Comm. Expires Aug. 18, 2008

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

CERTIFICATE OF SERVICE

I hereby certify that on October 4, 2007, I electronically filed the foregoing Affidavit of Ann C. Hines with the Clerk of Court using CM/ECF which will send notification of such filing to the following and on October 4, 2007, hand delivered copies of the same to:

Vernette Walker
29 Richard Road
New Castle, Delaware 19720
Pro Se Plaintiff



Jennifer C. Jauffret (#3689)
Jauffret@rlf.com
Lori A. Brewington (#4522)
Brewington@rlf.com
Richards, Layton & Finger
One Rodney Square
P. O. Box 551
Wilmington, Delaware 19899
(302) 651-7700
Attorneys for Defendants

EXHIBIT A

POSITION DESCRIPTION

Job Title: Benefits Manager

Incumbent: Ann C. Hines

Major Responsibilities

- Manage medical, dental, vision and hearing benefits for active employees, contract haulers and retirees for The News Journal, Chambersburg and Salisbury. 50%
- Manage Workers' Compensation/Safety Program for The News Journal, Chambersburg and Salisbury. Facilitate quarterly claims review including claims managers and workers' compensation attorney. Attend hearings scheduled before Delaware Labor Board. 50%
- Prepare annual OSHA survey of Occupational Injuries.
- Perform ergonomic evaluations for entire site.
- Facilitate legal updates for department heads and staff.
- Handles benefit inquiries and complaints for active employees, contract haulers and retirees to ensure quick, equitable and courteous resolution. Assist with issues at Chambersburg and Salisbury.
- Keep managers informed of employees' disability/FMLA status.
- Complete quarterly Premium Statements (Unit Detail Report) required by Gannett Company.
- Manage Income Protection Plan (sick leave, short-term and long-term disability).
- Ensure Family and Medical Leave Act requirements are met.
- Prepare Gannett Retirement Calculation Requests for active and term-vested employees at The News Journal, Chambersburg and Salisbury.

Major Responsibilities (Continued)

- Calculate annual premiums for retiree group medical and coordinate mailing of contributions letters.
- Calculate annual premiums for retiree group life insurance.
- Complete Gannett Company pension valuations for The News Journal, Chambersburg and Salisbury.
- Conduct pre-retirement counseling session with employees and their spouses.
- Prepare group medical contribution spreadsheet for contract haulers' tax forms.
- Process life insurance death claims for retirees.
- Conduct annual benefits reenrollment meetings for employees and contract haulers.
- Manage tuition reimbursement plan.
- Complete annual audit of Domestic Partnership Affidavits
- Complete Gannett monthly premiums statements.
- Coordinate monthly educational seminars in partnership with St. Francis Hospital, Christiana Care and local businesses.
- Coordinate annual health fair.
- Complete Blood Bank Report
- Publish quarterly Safety and Benefit Bulletins

EXHIBIT B



CERTIFIED MAIL - SIGNATURE REQUESTED

April 30, 2004

Street Address:
950 West Basin Road
New Castle, DE 19720

Mailing Address:
P.O. Box 15505
Wilmington, DE 19850

(302) 324-2500
(800) 235-9100

Ms. Vernetta Walker
29 Richard Road
Chelsea Estates
New Castle, DE 19720

Re: Income Protection Plan

Dear Ms. Walker:

Attached is a copy of our Income Protection Plan that covers sick pay, short- and long-term disability benefits.

There is a 5-day elimination period before STD benefits are available. Sick, vacation pay or leave without pay can be used to cover these days. STD benefits begin on the 6th day of absence. Based on your service year of 1988, you are eligible to receive up to 25 weeks of STD at 100% of pay.. The duration of benefits, of course, is solely based on medical information, and periodic updates will be requested.

STD benefits are considered salary continuation and subject to all withholdings and deductions. Payroll would need written notification from you to stop any deductions.

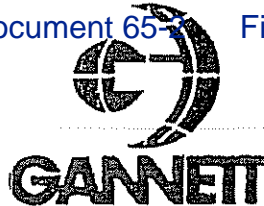
Please note that sick days and short-term disability will be counted toward your 12-week Family and Medical Leave (FMLA) entitlement from the first day of continuous absence. I have enclosed a FMLA Certification of Health Care Provider Form and FMLA brochure.

If you have any questions, please contact me at (302) 324-2505.

Sincerely,

Ann C. Hines
Benefits Manager

Fax Numbers:
Accounting: 324-2554
Circulation: 324-2945
Classified: 324-5511
Human Resources: 324-2578
Info Systems: 324-2969
Mc g: 324-2557
New: 324-5509
Retail: 324-5518



INCOME PROTECTION PLAN

Gannett's Income Protection Plan is a three-part program designed to provide you with a continuing income if you are unable to work for medical reasons. The program's three components are:

- Sick pay
- Short-Term Disability
- Long-Term Disability

ABOUT THE COST

Gannett pays the entire cost of the Income Protection Plan.

WHEN YOU ARE ELIGIBLE

As a regular, full-time employee, you are covered under the Sick Pay component as of your date of hire. Participation in the Short-Term Disability component commences the first of the month following six months of continuous employment. Coverage under the Long-Term Disability Plan is effective the January 1 following six months of employment.

HOW THE INCOME PROTECTION PLAN WORKS IF YOU ARE SICK

Your income Protection Plan benefits are based on your salary and length of service.

- Sick Pay. During your first year of employment (from date of hire to your first January 1) you will earn one sick day for every twenty days worked, up to seven days. Then on each January 1, you will be granted seven sick days for that calendar year. Sick pay will pay 100% of your base salary for up to seven sick days each calendar year. This is intended for occasional illnesses. Absences exceeding five consecutive working days will be covered under the Short-Term Disability program after the fifth day absent. Unused sick days do not carry over from one year to the next. Earned sick days may also be used to care for ill or injured family members.

- Short-Term Disability benefits commence after a one week waiting period (five working days). During this waiting period, you will be covered by your sick pay benefits. (If you have used all seven sick days, available vacation days may be used.)

If your illness is expected to last longer than five consecutive working days, you will need to complete a Claim for Disability Benefits (available from the Corporate benefits office). The claim form includes a section to be completed by your physician indicating the nature of your condition, illness or injury and the length of time you are expected to be absent from work. Since short-term disability continues until you are medically fit to return to work, a physical examination or periodic reports from your attending physician may be requested in order to commence or continue payment of benefits. After the five day waiting period and approval of your claim, your short-term disability benefits will be paid by the following schedule:

	<u>First:</u>	<u>Then:</u>
<u>Service:</u>	<u>Weeks at 100% of Salary</u>	<u>Weeks at 60% of Salary*</u>
Hire to 1 st January	None	None
1-2 calendar years	None	25 weeks
3-5 calendar years	5 weeks	20 weeks
6-8 calendar years	10 weeks	15 weeks
9-11 calendar years	15 weeks	10 weeks
12-14 calendar years	20 weeks	5 weeks
15 calendar years	25 weeks	0 weeks

* Benefits are determined using base pay and sales commissions, if applicable.

Note: Short-term disability payments are reduced by any other disability benefits payable to you through worker's compensation and/or state disability laws. Maternity-related disabilities are paid in accordance with any other medical condition.

At its discretion, the Company may require proof of illness either in written form from your personal physician or through an examination by a company-selected physician, before payments under this plan are authorized.

- Long-Term Disability. Protection is effective the January following six months of employment. The Long-Term Disability Plan pays a benefit of 60 percent of your total compensation (including commissions and executive incentive bonuses, if applicable) commencing 26 weeks after the onset of your illness or injury. This coincides with the end of your short-term disability coverage. A complete description of this plan is contained in the Gannett Long-Term Disability brochure.

The News Journal

www.delawareonline.com



April 30, 2004 CERTIFIED MAIL – SIGNATURE REQUESTED

Street Address:
950 West Basin Road
New Castle, DE 19720

Mailing Address:
P.O. Box 15505
Wilmington, DE 19850

(302) 324-2500
(800) 235-9100

Ms. Vernetta Walker
29 Richard Road
Chelsea Estates
New Castle, DE 19720

Re: Family and Medical Leave

Dear Ms. Walker:

We have been informed of your need for Family and Medical Leave. Under the Family and Medical Leave Policy, you are eligible to take up to 12 weeks of unpaid leave per year for your own serious health condition. I have taken the liberty of forwarding information on the News Journal's Family and Medical for your review. Also enclosed is a Physician's Certification Form. Please have your doctor complete the enclosed Certification Form and **return it to me on or before May 15, 2004.**

During your approved family leave, your benefits will continue uninterrupted on the same basis as those available to you as an active employee. You may elect to continue your health insurance and supplemental life coverage, at the current level and subject to all current provisions of the plans, while on leave. If you choose to do so, you must remit to the Company each month your current monthly premium contributions. If you decide not to continue your coverage during your leave, coverage will be discontinued and you will be able to reinstate your coverage upon return from leave. Any medical and life claims incurred during the period that coverage as been discontinued, however, will not be reimbursable from the Company's plans.

If you elect to continue your health insurance coverage during your leave, but do not return to work at the conclusion of your leave, you will be obligated to repay the Company for premium contributions we made in order to continue your coverage during the leave period. (This repayment obligation will not apply if your leave was to care for a seriously ill spouse, parent, child or yourself, if you are unable to return to work because of the continuation, recurrence or onset of a serious medical condition of your spouse, parent, child or yourself, or because of other reasons beyond your control. In those cases, you may be required to provide verifying medical information).

Fax Numbers:
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Circulation: 324-2945
Classified: 324-5511
Human Resources: 324-2578
Info Systems: 324-2969
Marketing: 324-2557
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Retail: 324-5518

The News Journal

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Ms. Vernetta Walker
Page 2
April 30, 2004

Your participation in the Gannett 401(k) Savings Plan and Gannett Spending Account will be suspended during your leave, and will resume when you return to work (if applicable).

Please disregard any of the above benefits that do not pertain to you. Otherwise, you should remit payments to my attention: c/o The News Journal Company, 950 West Basin Road, New Castle, DE 19720.

Upon return from an approved family leave absence, you will be restored to your original or equivalent position with equivalent pay, benefits, and other employment terms.

If you have any questions regarding the above information, please do not hesitate to contact me at (302) 324-2505. Please acknowledge that you have received and reviewed this information by signing below and returning a copy to me.

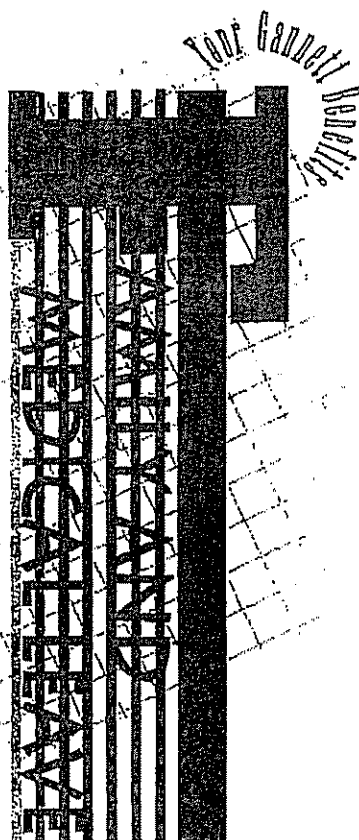
Sincerely,

Ann C. Hines
Benefits Manager

Fax Numbers:
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Retail: 324-5518

Employee's Signature

Date



The Gannett Family and Medical Leave policy was implemented January 1, 1993 to allow eligible employees to take up to 12 weeks of unpaid leave per year for their own serious health condition or to provide care for the employee's newborn child, newly-adopted child or child, spouse or parent with a serious health condition.

The following questions and answers provide information about the major provisions of the policy. Please read the brochure carefully and keep it for future reference. Detailed information and Request for Family and Medical Leave forms are available from your Personnel Representative.

Who Is eligible?

If you are a full-time employee, you are eligible for family and medical leave following completion of 90 days of employment. If you are a part-time employee scheduled to work 1,250 hours a year or more (an average of 24 hours per week), you are eligible to participate following completion of one year of service.

What Is Family and medical leave?

"Medical Leave" is defined as leave that is taken by the employee who is unable to perform the functions of his or her position because of a serious health condition or by the employee to care for a spouse, child or parent who has a serious health condition.

"Family Leave" is defined as leave that is taken to care for your newborn child or a child recently placed with you for adoption or foster care.

When can I take family and medical leave?

You may use family and medical leave for one or more of the following reasons:

- The birth of a child;
- To care for a newborn child;
- To care for a newly-adopted child or child placed in your home for foster care;
- To care for a spouse, child or parent (but not parent-in-law) who has a serious health condition; or
- Your own serious health condition.

(See also "How do family and medical leave and short-term disability coverage work together?")

Family leave to care for a newborn child or for adoption or foster care placement of a child must be completed within 12 months of the birth, adoption or placement.

How much leave is available under the Family and Medical Leave policy?

Eligible employees may take up to 12 weeks of family and medical leave in any 12-month period. If you and your spouse are both employed by Gannett, you may take up to a combined total of 12 weeks of family leave to care for your newborn child or a child recently placed with you for adoption or foster care. This limitation

does not apply to the care of a spouse, child or parent with a serious health condition, or to the employee's own serious health condition. For example, if you and your spouse each take two weeks of family leave to care for a newborn child, you will each have 10 weeks remaining within the 12-month period to use for other family medical leave, if necessary.

What if my state has a more generous policy (than Gannett) for family and medical leave?

State or local laws that provide greater family or medical leave rights than either Gannett's policy or the Family Medical Leave Act (FMLA) take precedence. Information is available from your Personnel Representative.

What happens to my pay and benefits while on leave?

During the leave period your basic life insurance and health insurance continue uninterrupted. You must, however, arrange to continue your contributions to health insurance and supplemental life insurance programs if applicable if you wish to continue coverage. Participation in the 401(k), Savings Plan and Gannett Spending Account (if eligible) is suspended during unpaid leave, but may be resumed without penalty when you return to active employment. Service is considered uninterrupted for purposes of calculating pension and vacation and sick leave eligibility upon your return from family and medical leave. However, you do not accrue any vacation or sick days during the period you are out on family and medical leave.

What happens upon return?

When you return from family and medical leave, you will be reinstated in your prior job or to an equivalent position with equivalent pay, employment benefits and other terms and conditions of employment. If you fail to return to work after your leave has expired (and have not received approval for continuation of leave under Gannett's personal leave of absence policy), you will be considered to have voluntarily resigned.

In addition, if you don't return to work after your family and medical leave has expired for reasons other than the onset, continuation or recurrence of a serious health condition of yourself or your parent, child or spouse or other circumstances beyond your control, Gannett will require repayment of the company contribution to your medical insurance premiums paid during the leave.

Must family and medical leave be taken all at once, or can it be used intermittently?

Medical leaves for absence necessitated by a serious health condition or the treatment of a serious health condition may be taken intermittently or on a reduced-time basis (e.g. separate blocks of time, by working fewer days in a week or by working fewer hours in a day), but only if such a schedule is needed for medical reasons (including care of and psychological comfort to immediate family members suffering from serious health conditions or treatment

thereof). In the case of caring for a newborn, adopted or foster child, intermittent family leave or a reduced time schedule requires approval by the company. Our consideration of such requests will include several factors, such as length of the requested leave, the nature of your job, your work schedule and our business needs.

What is a "serious health condition?"

A "serious health condition" is an illness, injury, impairment or physical or mental condition requiring either in-patient care or continuing treatment by a health care provider.

By way of example, "continuing treatment by a health care provider" includes any of the following:

- inability to perform regular daily activities due to the serious health condition of more than three consecutive calendar days plus continuing treatment by a health care provider including prescription drugs or therapy;
- any period of incapacity due to pregnancy or for pre-natal care;
- any period of incapacity or treatment for a chronic serious health condition (such as cancer and diabetes).

Unless complications arise, the common cold, flu, upset stomachs, headaches, routine dental problems and cosmetic treatments do not meet the definition of "serious health condition."

How do family and medical leave and short-term disability coverage work together?

For your own illness or disability you may be eligible for both family/medical leave and sick pay or short-term disability. Absences which qualify for both sick pay/short-term disability and family/medical leave will be counted toward both benefits and the family/medical leave will run concurrent with any sick leave or short-term disability benefits that may be available to you. For example: If during a 12-month period you are eligible for and take five consecutive days sick leave and 10 days of short-term disability benefit, you will be considered to have used three weeks of family/medical leave and will be eligible only for an additional nine weeks of family/medical leave.

Effective January 1, 2001, maternity and maternity-related disability will run concurrently with Family and Medical Leave from the first day of absence, the same as any other disability.

If your length of service or employment status does not entitle you to sufficient sick days or short-term disability to cover the full duration of an illness or injury, you may take whatever paid sick days or short-term disability you have available and then take additional unpaid leave under the FMLA policy up to a total of 12 weeks.

If you request family and medical leave, you are not required to use any paid vacation or personal leave as part or all of the 12-week period. For example:

You may want to use 12 weeks unpaid family leave to care for a sick parent and, upon return to employment, may subsequently use earned vacation time for some other purpose. Employees on family and medical leave have the flexibility of using some or all of their earned vacation to reduce the period of unpaid leave, if they wish. However, total time away may not exceed 12 weeks and arrangements to take earned vacation as part of the requested family and medical leave must be made at the time the leave is requested.

Does time away from work for a work-related illness or injury payable under workers' compensation count toward family and medical leave?

Yes, if the illness or injury qualifies as a "serious medical condition." Just as any sick leave or short-term disability days taken count toward the 12-week family and medical leave benefit, any time away from the job for a work-related illness or injury payable under Workers' Compensation will reduce the amount of family and medical leave available within a 12-month period.

How to request family and medical leave

Contact your Personnel Representative for a Family and Medical Leave Request form. The form includes the reason for the leave and the date you expect to return to work.

If your leave is for health reasons, you may be required to provide certification from a health care provider of the health condition involved and, if applicable, verification that you are needed to care for the family member and for how long. At its discretion, the Company may require, at its own expense, such certification from a health care provider of its own choosing.

When should notice of family and medical leave be given?

While not all situations regarding family and medical leave are foreseeable, you should give at least 30 days notice of your intent to use family and medical leave when possible (i.e., for birth of a child, adoption, foster placement, or planned medical treatment of yourself or a family member). When need for leave is unexpected, provide notice as soon as possible.

NOTE: Issues or questions not covered by this policy statement will be administered consistent with applicable state and federal law.

.....
ATTACHMENT 6

EXHIBIT C

Exhibit C

The News Journal
www.delawareonline.com



5 pages
total

Street Address:
950 West Basin Road
New Castle, DE 19720

Mailing Address:
P.O. Box 15505
Wilmington, DE 19850

(302) 324-2500
(800) 235-9100

CERTIFIED MAIL - SIGNATURE REQUESTED
May 13, 2004

Ms. Vernette Walker
29 Richard Road
Chelsea Estates
New Castle, DE 19720-4454

Re: Claim for Disability Benefits

Dear Ms. Walker:

Attached is a Claim for Disability Benefits form.
Please have your physician complete the doctor's
statement and return the form on or before May 28,
2004.

If you have any questions, please contact me (302)
324-2505.

Sincerely,

Ann C. Hines
Benefits Manager

Enclosure(s) (2)

\$35 charge

D-encos

Fax Numbers:

Accounting: 324-2554
Circulation: 324-2945
Classified: 324-5511
Human Resources: 324-2578
Info Systems: 324-2969
Marketing: 324-2557
New 324-5509
Ref. 24-5518

EXHIBIT D



CLAIM FOR DISABILITY BENEFITS

Return to: The News Journal
 Attn: Ann C. Hines
 950 West Basin Road
 New Castle, DE 19720

EMPLOYEE'S STATEMENT

Name: Vernette Walker
 (FIRST, M.I., LAST)

Address: 29 Richard Rd Apt. No.: _____

City: New Castle State: DE Zip: 19720

Phone: 324-9175 SSN: 095-50-9486 Age: 45

My disability was caused by or arose from the use or operation of a motor vehicle: ☐ Yes ☒ No

My disability is (If injury, also state how, when, and where it occurred)
leg neck back eye

I was first absent from work because of my disability on 4/27/04

Since that date, I have worked for wages: ☐ Yes ☒ No If yes, give date(s): _____

Vernette Walker
 EMPLOYEE'S SIGNATURE

5/18/04
 DATE

DOCTOR'S STATEMENT

1. HISTORY:

- a. When did symptoms first appear or accident happen? Date: 4/27/04
- b. Date patient ceased work because of disability Date: 4/27/04
- c. Has patient ever had same or similar condition? ☒ Yes ☐ No
 If "Yes", state when and describe previous injury
- d. Is condition due to injury or sickness arising out of patient's employment? ☐ Yes ☒ No ☐ Unknown
new MVA

2. DIAGNOSIS (including any complications):

- a. Diagnosis (including any complications):

Cervical & Lumbar Strain & Sprain

b. Subjective symptoms: neck & back pain

c. Objective findings (including X-rays, EKG's, laboratory data and any clinical findings):

muscle spasm

3. DATES OF TREATMENT

a. Date of first visit.....

5/5/04

b. Dates of last visit.....

5/5/04 - Sec 4c. Frequency of Treatment ☐ Weekly ☐ Monthly ☐ Other (specify): 3 wk flx

4. NATURE OF TREATMENT (including surgery and medications prescribed, if any):

Therapy and daily ~~7~~ 3 wk then 3 wk for 3 wk

5. PROGRESS

a. Has Patient: ☐ Recovered ☐ Improved ☒ Unchanged ☐ Retrogressedb. Is Patient: ☒ Ambulatory ☐ Home Confined ☐ Bed Confined ☐ Hospital Confinedc. Has patient been hospital confined? ☐ Yes ☒ No

If "Yes", give name and address of hospital:

Confined From: / / Through: / /

6. PROGNOSIS (all questions must be answered):

Patient's Job

Any Other Work

a. Is patient now totally disabled?

☒ Yes ☐ No☒ Yes ☐ No

b. What duties of patient's job is he/she incapable of performing?

all

c. Do you expect a fundamental or marked change in the future?

☒ Yes ☐ No☒ Yes ☐ No

1. If yes, when will patient recover sufficiently to perform duties?

Patient's Job:

Date / / IndeterminateAny Other Work: Date / / Indeterminate

2. If no, please explain: _____

7. REMARKS:

Will reevaluate on 5-26-07

Physician's Name (please print): Craig D. Sturberg MD Phone: 302-764-0271
Address: 700 Lea Blvd, Suite 102 Suite No. 102
City: Wilmington State: NE Zip: 19802
[Signature] 5-19-07
PHYSICIAN'S SIGNATURE DATE

EXHIBIT E



ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

Rumpf, Shelly

From: Hines, Ann
Sent: Wednesday, May 05, 2004 4:24 PM
To: Rumpf, Shelly; Hines, Ann
Cc: Walburn, Erich; Pinto, Dolores
Subject: Vernetta Walker

Importance: High

Vernetta Walker will be out of work for the next three weeks (next doctor's appointment in 3 weeks).

EXHIBIT F



ALL STATE LEGAL SERVICES EDPH1 10/04/07

Green, Kelly

From: Rumpf, Shelly [srumpf@wilmington.gannett.com]
Sent: Tuesday, August 01, 2006 1:58 PM
To: Green, Kelly
Subject: FW: Vernet Walker
Importance: High

Shelly Rumpf

Credit Manager

The News Journal (Wilmington Site)

New Castle, DE 19720

302-324-2519 ph

302-324-2554 fax

From: Hines, Ann
Sent: Friday, May 28, 2004 5:09 PM
To: Rumpf, Shelly; Walburn, Erich; Hines, Ann
Cc: Pinto, Dolores
Subject: RE: Vernet Walker
Importance: High

No. She's out for an additional four (4) weeks. Next doctor's visit 6/23/04.

-----Original Message-----

From: Rumpf, Shelly
Sent: Friday, May 28, 2004 4:35 PM
To: Hines, Ann
Subject: RE: Vernet Walker

Hi Ann,

Is Vernet expected back Tuesday?

-----Original Message-----

EXHIBIT G

Copy Center

From: Hines, Ann [AHINES@wilmingt.gannett.com]
Sent: Thursday, August 03, 2006 2:08 PM
To: Green, Kelly
Cc: Hines, Ann
Subject: FW: Vernet Walker
Importance: High

-----Original Message-----

From: Hines, Ann
Sent: Thursday, July 27, 2006 6:42 PM
To: Pinto, Dolores
Cc: Hines, Ann
Subject: FW: Vernet Walker
Importance: High

-----Original Message-----

From: Hines, Ann
Sent: Tuesday, June 01, 2004 12:18 PM
To: Walburn, Erich; Rumpf, Shelly; Hines, Ann
Cc: Pinto, Dolores
Subject: RE: Vernet Walker
Importance: High

Due to severe neck and back pain and muscle spasms, Vernet is unable to sit or stand for prolonged periods

-----Original Message-----

From: Walburn, Erich
Sent: Monday, May 31, 2004 9:58 AM
To: Hines, Ann
Cc: Pinto, Dolores; Rumpf, Shelly
Subject: RE: Vernet Walker

Ann, Did you follow up on the doctor's info yet that you were going to check on? Thanks so much.

Erich

-----Original Message-----

From: Hines, Ann

8/3/2006

EXHIBIT H

DEA # _____
 BARRY L. BAKST, D.O. CRAIG D. STERNBERG, M.D.
 ARNOLD B. GLASSMAN, D.O. STEPHEN M. BENECK, M.D.
 ANNE C. MACK, M.D. ASIT P. UPADHYAY, D.O.
 SUSAN T. DEPOLITI, M.D. YILI ZHOU, M.D.
 700 LEA BOULEVARD • SUITE 102 • WILMINGTON, DE 19802 • 302-764-0271
 87 OMEGA DRIVE • BUILDING B • NEWARK, DE 19713 • 302-733-0980
 2600 GLASGOW AVENUE • SUITE 210 • NEWARK, DE 19702 • 302-832-8894
 2006 FOULK ROAD • SUITE B • WILMINGTON, DE 19810 • 302-529-8783
 830 WALKER ROAD • SUITE 11-1 • DOVER, DE 19901 • 302-730-8848

NAME Vernette Walker
 ADDRESS _____ DATE 6-23-07

☒ (Please Print)

Lexapro 1mg
 Disp # 80
 Sig: T R tid

REFILL 2 TIMES

SUBSTITUTION PERMITTED

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, PRESCRIBER MUST HANDWRITE
 'BRAND NECESSARY' OR 'BRAND MEDICALLY NECESSARY' IN THE SPACE BELOW.

4-03

TR030411_100602320-4_00_31548_0002

DEA # _____
 BARRY L. BAKST, D.O. CRAIG D. STERNBERG, M.D.
 ARNOLD B. GLASSMAN, D.O. STEPHEN M. BENECK, M.D.
 ANNE C. MACK, M.D. ASIT P. UPADHYAY, D.O.
 SUSAN T. DEPOLITI, M.D. YILI ZHOU, M.D.
 700 LEA BOULEVARD • SUITE 102 • WILMINGTON, DE 19802 • 302-764-0271
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 2600 GLASGOW AVENUE • SUITE 210 • NEWARK, DE 19702 • 302-832-8894
 2006 FOULK ROAD • SUITE B • WILMINGTON, DE 19810 • 302-529-8783
 830 WALKER ROAD • SUITE 11-1 • DOVER, DE 19901 • 302-730-8848

NAME Vernette Walker
 ADDRESS _____ DATE 6-23-07

☒ (Please Print)

Out of work for next
 1 mth. Will be available
 at that time.

REFILL 2 TIMES

SUBSTITUTION PERMITTED

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, PRESCRIBER MUST HANDWRITE
 'BRAND NECESSARY' OR 'BRAND MEDICALLY NECESSARY' IN THE SPACE BELOW.

11-APR-03

TR030411_100602320-4_00_31548_0002

DEA # _____
 BARRY L. BAKST, D.O. CRAIG D. STERNBERG, M.D.
 ARNOLD B. GLASSMAN, D.O. STEPHEN M. BENECK, M.D.
 ANNE C. MACK, M.D. ASIT P. UPADHYAY, D.O.
 SUSAN T. DEPOLITI, M.D. YILI ZHOU, M.D.
 700 LEA BOULEVARD • SUITE 102 • WILMINGTON, DE 19802 • 302-764-0271
 87 OMEGA DRIVE • BUILDING B • NEWARK, DE 19713 • 302-733-0980
 2600 GLASGOW AVENUE • SUITE 210 • NEWARK, DE 19702 • 302-832-8894
 2006 FOULK ROAD • SUITE B • WILMINGTON, DE 19810 • 302-529-8783
 830 WALKER ROAD • SUITE 11-1 • DOVER, DE 19901 • 302-730-8848

NAME Vernette Walker
 ADDRESS _____ DATE 6-23-07

☒ (Please Print)

Stelazine 800mg
 Disp # 90
 Sig: T R tid

REFILL 2 TIMES

SUBSTITUTION PERMITTED

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, PRESCRIBER MUST HANDWRITE
 'BRAND NECESSARY' OR 'BRAND MEDICALLY NECESSARY' IN THE SPACE BELOW.

EXHIBIT I

The News Journal

www.delawareonline.com



Street Address:
950 West Basin Road
New Castle, DE 19720

Mailing Address:
P.O. Box 15505
Wilmington, DE 19850

(302) 324-2500
(800) 235-9100

CERTIFIED MAIL - SIGNATURE REQUESTED
July 1, 2004

Ms. Vernetta Walker
29 Ricvhard Road
Chelsea Estates
New Castle, DE 19720

Re: Family and Medical Leave Recertification

Dear Ms. Walker:

Enclosed you will find a Certification of Health Care Provider Form that must be completed by your treating physician. Please have the physician complete the form and return it to me in the enclosed, self-addressed envelope.

The completed Physician Certification Form must be returned to me on or before July 16, 2004.

Please contact me at (302) 324-2505 if you have any questions.

Sincerely,


Ann C. Hines
Benefits Manager

Enclosure (2)

Fax Numbers:
Accounting: 324-2554
Circulation: 324-2945
Classified: 324-5511
Human Resources: 324-2578
Info Systems: 324-2969
Marketing: 324-2557
News: 324-5509
R: 324-5518

EXHIBIT J

The News Journal
www.delawareonline.com



Street Address:
950 West Basin Road
New Castle, DE 19720

Mailing Address:
P.O. Box 15505
Wilmington, DE 19850

(302) 324-2500
(800) 235-9100

CERTIFIED MAIL - SIGNATURE REQUESTED
July 1, 2004

Ms. Vernetta Walker
29 Richard Road
Chelsea Estates
New Castle, De 19720

Re: Family and Medical Leave Entitlement

Dear Ms. Walker:

Please be advised that your twelve (12) week entitlement under the Family and Medical Leave Act of 1993 will end as of July 20, 2004. It is our understanding that you remain unable to return to work. If you remain unable to return to work as of July 20, 2004, business necessity requires us to fill your position as Credit Clerk.

If you have any questions, please contact me at (302) 324-2505.

Sincerely,

A handwritten signature in cursive script that reads "Ann C. Hines".

Ann C. Hines
Benefits Manager

Fax Numbers:
Accounting: 324-2554
Circulation: 324-2945
Classified: 324-5511
Human Resources: 324-2578
Infr Systems: 324-2969
Marketing: 324-2557
News: 324-5509
Mail: 324-5518

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Vernette Walker 29 Richard Rd. Chelsea Estates New Castle, DE 19720</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7002 0510 0000 3770 1474</p>	

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
<p>Sent To</p> <p>Vernette Walker Street, Apt. No., or PO Box No. 29 Richard Rd. City, State, ZIP+4 New Castle, DE 19720</p>	
<p>PS Form 3800, January 2001</p> <p>See Reverse for Instructions</p>	

EXHIBIT K

Certification of Health Care Provider
(Family and Medical Leave Act of 1993)

U.S. Department of Labor

Employment Standards Administration
Wage and Hour Division



(When completed, this form goes to the employee, **Not to the Department of Labor.**)

OMB No.: 1215-0181
Expires: 07/31/04

1. Employee's Name

Vernette Walker

2. Patient's Name (If different from employee)

3. Page 4 describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition¹ qualify under any of the categories described? If so, please check the applicable category.

(1) _____ (2) ☒ (3) _____ (4) _____ (5) _____ (6) ☒ , or None of the above _____

4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

Severe neck & back pain subsequent to motor vehicle accident on 4-27-04

5. a. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity² if different):

4-27-04

b. Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 6 below)?

Unable to work

If yes, give the probable duration:

Indeterminate

c. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated² and the likely duration and frequency of episodes of incapacity²:

¹ Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

² "Incapacity," for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

6. a. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments.

Indeterminate

If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

Indeterminate

- b. If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments:

None

- c. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):

Medication, injection

7. a. If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind?

Unable to work

- b. If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions)? If yes, please list the essential functions the employee is unable to perform:

- c. If neither a. nor b. applies, is it necessary for the employee to be absent from work for treatment?

8. a. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation?
- b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery?
- c. If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:


Signature of Health Care Provider

700 Lea Blvd, Suite 102
Address

Wilmington, DE 19802

PMO/R/MD
Type of Practice

027
302-764-2615
Telephone Number

7-14-07
Date

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

Employee Signature

Date

A "Serious Health Condition" means an illness, injury impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity² or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

(a) A period of incapacity² of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity² relating to the same condition), that also involves:

- (1) **Treatment³ two or more times** by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
- (2) **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment⁴** under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to pregnancy, or for prenatal care.

4. Chronic Conditions Requiring Treatments

A **chronic condition** which:

- (1) Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
- (2) Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and
- (3) May cause **episodic** rather than a continuing period of incapacity² (e.g., asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

A period of Incapacity² which is **permanent or long-term** due to a condition for which treatment may not be effective. The employee or family member must be **under the continuing supervision of, but need not be receiving active treatment by, a health care provider**. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, or for a condition that **would likely result in a period of Incapacity² of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

This optional form may be used by employees to satisfy a mandatory requirement to furnish a medical certification (when requested) from a health care provider, including second or third opinions and recertification (29 CFR 825.306).

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

³ Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

⁴ A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

Public Burden Statement

We estimate that it will take an average of 20 minutes to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE; IT GOES TO THE EMPLOYEE.

BARRY L. BAKST, D.O.
CRAIG D. STERNBERG, M.D.
ARNOLD B. GLASSMAN, D.O.
ANNE C. MACK, M.D.
STEPHEN M. BENECK, M.D.
GINGER CHIANG, M.D.
(302) 529-8783

2006 FOLGER ROAD, SUITE B
WILMINGTON, DE 19810-3544
(302) 764-0274

700 LEA BOULEVARD, SUITE 102
WILMINGTON, DE 19802-2541

NAME Vernette Walker AGE 7-14-09
ADDRESS 1111 11th St DATE 7-14-09
ILLEGAL IF NOT SAFETY BLUE BACKGROUND

B
Out of work for
next month. Will
re-evaluate at that
time. Wed Aug 11, 2009
Flo

Refill 3 times
Substitution Permitted
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED THE
PRESCRIBER MUST HAND WRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

4DGP0271183

EXHIBIT L

The News Journal

www.delawareonline.com



Street Address:
950 West Basin Road
New Castle, DE 19720

Mailing Address:
P.O. Box 15505
Wilmington, DE 19850

(302) 324-2500
(800) 235-9100

August 18, 2004

Concentra Medical Center
4110 Stanton-Ogletown Road
Newark, DE 19713
Attn: Linda Surdo, MD

Re: Vernetta Walker - SSN 095-50-9486

Dear Dr. Surdo:

We have scheduled an appointment at Concetra Medical Center for News Journal employee Vernetta Walker. The appointment is 1:00 P.M. on Friday, August 20, 2004.

The purpose of this appointment is to determine Vernetta's fitness for duty. Patient's vehicle was rear-ended by another vehicle on April 27, 2004. There has been no significant improvement since the accident. Attached are copies of her medical records for your review and her job description. Please note that her job is a "light" duty position and we can accommodate physical restrictions/limitations.

Please provide us with a diagnosis, prognosis and a return to work plan including any physical restrictions/limitations.

Please contact me at (302) 324-2505 if you have any questions.

Sincerely,

Ann C. Hines
Benefits Manager

Ach
Enclosure

Fax Numbers:
Accounting: 324-2554
Circulation: 324-2945
Classified: 324-5511
Human Resources: 324-2578
Info Systems: 324-2969
Marketing: 324-2557
News: 324-5509
Retail: 324-5518

UPS Next Day Air
UPS Worldwide Express
Shipping Document

See Instructions on back. Call 1-800-PICK-UPS (800-742-5877) for additional information.

TRACKING NUMBER **1Z 199 421 22 1005 097 8**

1 SHIPMENT FROM

SHIPPER'S UPS ACCOUNT NO. **199421**

REFERENCE NUMBER

NAME **Ann C. Hines** TELEPHONE **302-324-2500**

COMPANY

THE NEWS JOURNAL CO.

STREET ADDRESS

950 W BASIN RD

CITY AND STATE

NEW CASTLE

ZIP CODE

DE 19720-1008

2 EXTREMELY URGENT DELIVERY TO

NAME **LINDA SURDO** TELEPHONE **302 738 0103**

COMPANY

CONCENTRA MED. CENTER

STREET ADDRESS

4110 STANTON - OGLETOWN ROAD

CITY AND STATE (INCLUDE COUNTRY IF INTERNATIONAL)

NEWARK DE

ZIP CODE

19713



3	WEIGHT	WEIGHT ENTER "LTR" IF LETTER	DIMENSIONAL WEIGHT IF Applicable	SHIPPER'S COPY 1			
4	TYPE OF SERVICE	<input checked="" type="checkbox"/> NEXT DAY AIR	<input type="checkbox"/> EXPRESS (INTL)	CHARGES			
		FOR WORLDWIDE EXPRESS SHIPMENTS Mark an "X" in this box if shipment only contains documents of no commercial value.			<input type="checkbox"/> DOCUMENTS ONLY		
5	OPTIONAL SERVICES	<input type="checkbox"/> SATURDAY PICKUP See Instructions.	<input type="checkbox"/> SATURDAY DELIVERY See Instructions.	\$			
		<input type="checkbox"/> INSURED VALUE Contents are automatically protected up to \$1000. For insured value over \$1000, see Instructions.		\$			
		<input type="checkbox"/> C.O.D. If C.O.D., enter amount to be collected and attach completed UPS C.O.D. tag to package.		\$			
		<input type="checkbox"/> An Additional Handling Charge applies for certain items. See Instructions.		\$			
6		ADDITIONAL HANDLING CHARGE		\$			
7		TOTAL CHARGES		\$			
8	METHOD OF PAYMENT	BILL SHIPPER	BILL RECEIVER DOMESTIC ONLY	BILL THIRD PARTY	CREDIT CARD	American Express Diner's Club Discover MasterCard Visa	CHECK
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 RECEIVERS / THIRD PARTY'S UPS ACCT NO. OR MAJOR CREDIT CARD NO. EXPIRATION DATE							
THIRD PARTY'S COMPANY NAME							
STREET ADDRESS							
CITY AND STATE ZIP CODE							
SHIPPER'S SIGNATURE <i>Ann C. Hines</i> DATE OF SHIPMENT 11							

0101911202609 6/00 S

EXHIBIT M

Exhibit M

Patient: Vernette Walker Address: 29 Richard Rd Employer: News Journal Contact: Ann Heinz
 SSN: 095-50-9486 Address: 950 W Basin Rd Role: HR Manager
 DOB: 09/14/1958 NEW CASTLE, DE 19720 NEW CASTLE, DE 19720 Phone: (302) 324-2505 Ext.:
 Sex: F Phone: (302) 324-9175 Auth. by: Fax: (302) 324-2578
 Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

Reason for evaluation: Auto accident 4/27/04

☐ Occupational with other provider

☐ Non-Occupational

Requested by: The News Journal

Special attention to: Craig Steinberg

Treating provider: Craig Steinberg

Authorization for Examination

Permission is hereby granted to the authorities of Concentra Medical Centers (DE) for any examination deemed necessary by the physician. In addition, I authorize the release of any information acquired in the course of this examination.

Vernette Walker
 Patient Signature

8/23/04
 Date

Examination

Temp: 97.8 Blood Pressure: 118/70 Pulse: 84 Ht: 53" Wt: 131

Other: job, financial dist, collecting sit, keys, papers, (n) hand (c)
job description available to review
NO HAND MAPS AVAILABLE TO REVIEW

Medical History: 45 MOY SIP MVA 4-27-04. PT was belted driver, rear
ended. She states vehicle was "totaled". She was taken to ER
no fx's found. Some chest time PT has been treated for
menstrual blood clots & PT lines/SIP 2 week symptoms. She states
MO's were close. She also states she had work-related injury

1999 when a work station fell onto her and she (lymphoma) surgery
requiring surgery. She also states she became depressed as a result

Present Complaint: of stress injury requiring antidepressant med's. Currently she
CIO difficulty men and last pay, some backache & pain to (n) leg
but not to arms. No num numbness/itches. She has not
returned to work. Meds - Stelaxin, Bextra, T#2, Lexapro, Ambien

Findings/Recommendations: PE - initially pleasant, then tearful
lungs) clear, Lr - S, S, / Affected - slightly depressed

men - diffuse suprapubic tenderness, & FNOH
back - diffuse suprapubic tenderness, short & flexion, well
all else full. SER - 0) Arms - well motor/sensory

all 4 extremities - intact. All to toe & heel, peristaltic

a (1) Cervical & lumbar strain
 Evaluation - Non-Work-Related Injury/Illness
 (2) Cervical & lumbar radiculopathy
 (3) Depression

Physician's Signature: P. Maynard Date: 8-23-04
 Page 1 of 1
 Without restriction
 Revision Date: 11/05/2002
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RETURN TO WORK EVALUATION

PATIENT Venette Walker
EMPLOYER News Journal
DATE 8/23/04

Recommendations

Patient may return to work

 on regular activity without any restrictions.

 with the following restrictions:

 is not medically able to return to work at this time.

Remarks:

Signature

Printed Name

EXHIBIT N

The News Journal
www.delawareonline.com



Street Address:
950 West Basin Road
New Castle, DE 19720

Mailing Address:
P.O. Box 15505
Wilmington, DE 19850

(302) 324-2500
(800) 235-9100

UPS - NEXT DAY DELIVERY
August 30, 2004

Ms. Vernetta Walker
29 Richard Road
Chelsea Estates
New Castle, DE 19720

Re: Expiration of Family & Medical Leave Entitlement

Dear Ms. Walker:

Please be advised that your Family and Medical Leave entitlement expired on July 20, 2004. On August 23, 2004, you underwent a fitness for duty exam that determined you are able to return to work, full duty, without any physical restrictions/limitations. Effective August 30, 2004, due to business necessity, The News Journal no longer has a job available for you and your short-term disability benefits will cease as of August 30, 2004.

When you feel you are able to return to work full-time, we will review our openings to see if there is an appropriate job available. It is important that you understand that this is not a guarantee of a job.

If you have any questions, please contact me at (302) 324-2505.

Sincerely,

Ann C. Hines
Benefits Manager

Fax Numbers:
Accounting: 324-2554
Circulation: 324-2945
Classified: 324-5511
Human Resources: 324-2578
Info Systems: 324-2969
Marketing: 324-2557
News: 324-5509
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